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Commissioner for Patents	Scott H. Kaliko, Esq.
	SENDER'S FAX NUMBER: 201-831-0519
	SENDER'S TELEPHONE NUMBER: 201-831-0575
COMPANY: United States Patent & Trademark Office	DATE: 11 12 07
RECIPIENT'S FAX NUMBER: 571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER: 34
RECIPIENT'S TELEPHONE NUMBER:	CLIENT / MATTER:
RE: Application No. 10/603,285	YOUR REFERENCE NUMBER: Attorney Docket No. MZS OCZ Con II

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

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- 4) FORM 1449 (1 PAGE)
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PTO/SB/21 (11-07)

Approved for use through 11/30/2007, OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10 603 285
Filing Date	8/11/04
First Named Inventor	SHAHANAN
Art Unit	2618
Examiner Name	T. NGUYEN
Attorney Docket Number	MES/JCCZ Con II

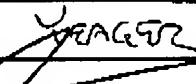
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ENCLOSURES (Check all that apply)

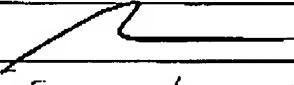
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KALIKO YEAGER		
Signature			
Printed name	SCOTT KALIKO		
Date	11/12/07	Reg. No.	45,786

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	SCOTT KALIKO	Date	11/12/07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 705.00)

Complete if Known

Application Number	101603285
Filing Date	8/11/04
First Named Inventor	SHAWNAH
Examiner Name	2618
Art Unit	T. NGUYEN
Attorney Docket No.	MES/DC2 CON II

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee (\$)
- 20 or HP =	x	=			50	25
HP = highest number of total claims paid for, if greater than 20.					210	105
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		370	185

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) 3 Mo EXTEN\$ION
CFR 1.17(a)(3) \$25.00

Other (e.g., late filing surcharge): IDS FEE CFR 1.17(p) 150.00

SUBMITTED BY

Signature	/	Registration No. (Attorney/Agent)	45786	Telephone
Name (Print/Type)	SCOTT KALIKO			Date

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